

CITY OF CATHEDRAL CITY

Human Resources Division 68-700 Avenida Lalo Guerrero Cathedral City CA 92234 (760) 770-0340 (760) 770-0365 Job Hotline www.cathedralcity.gov

GENERAL INSTRUCTIONS

Read these instructions and the attached information before completing the application. Failure to complete the application as directed may result in disqualification of your application.

Applications

- ❖ Applications are only accepted only for positions that are currently open.
- ❖ Please fill out the all parts of the application materials completely and accurately.
- Unsigned applications will be rejected
- ❖ Faxed application materials are not acceptable

References

It is the policy of the City to check applicant references. Include at least one reference for each of your last three positions. A complete mailing address and telephone number is required for each reference submitted, and a waiver authorizing the release of information must be signed at the time of the interview.

Screening

The City will prescreen the applications in order to select the most suitable applicants to continue in the process. Applicants are selected on the basis of information supplied on the application materials as related to the specific position.

- Applicants will be notified of the status of their application after the closing date for the position being filled
- Unsuccessful applicants will be notified by mail after the position has been filled.

Testing

Some positions require testing. Please review the application materials for information about this part of the selection process

Equal Opportunity and Reasonable Accommodation

The City of Cathedral City is an equal opportunity employer and does not discriminate against an applicant on the basis of race, color, ethnic or national origin, religious creed, ancestry, age, sex, marital status, physical disability, mental disability, medical condition, pregnancy, child birth or related medical condition, sexual orientation, domestic partnership status, veteran status, or religious opinion or affiliation and/or any other legally protected status.

Please return the Equal Employment Opportunity Questionnaire with your application. This form is confidential and is used for reporting purposes and will not be used in considering your application. If you have a disability that requires special accommodation for testing (e.g., written test, typing test, performance test or oral interview), please notify the Human Resources Division at the time you submit your application in order for the City to determine what accommodations can be made.

Convictions and Clearance for Employment

If you have been convicted of any law violation (other than a minor traffic violation), be certain to provide complete details on the Conviction review form. While a conviction does not necessarily rule out employment with the City, the withholding of such information is grounds for automatic disqualification. A felony conviction during the last five years MAY disqualify an applicant under certain circumstances. Please request a *Conviction Review Form* and return it with your application.

City policy requires that all City personnel must undergo and pass a pre-employment physical, which includes a drug screen. Only the Human Resources Division has the authority to make a job offer for any City position.



APPLICATION FOR EMPLOYMENT

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Read the job description, to see if you meet the requirements. Show clearly all-previous work experience, education and training which qualifies you for this job. False statements or unsigned applications are cause for rejection of application, removal of name from eligibility list, or dismissal from employment.

FILL OUT COMPLETELY AND DELIVER TO THE HUMAN RESOURCES DIVISION (Please type or print)

POSITION APPLIED FOR NUMBER		SOCIAL SECURITY
LAST NAME:	FIRST NAME:	MIDDLE INITIAL
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME TELEPHONE	MESSAGE/DAYTIME TELEPHONE	
Are you presently employed by the Cit	y of Cathedral City?	Yes No
Have you ever worked for the City of	Yes No	
Do you have any relatives working for	Yes No	
If you answered yes above, describe p	osition held, name of relative(s), etc.:	
Driver's License Number:	Class: Expiration Date:	State:
If hired, can you provide proof of your	Yes No	
· ·	ever served in the United States armed forces?	Yes No
Branch of Service:	Rank or Rating: From:	To:
Do you possess an honorable discharg	e from your last active duty?	Yes No
Date of Discharge:		

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Date		City & State			Charge (describe fully)					Disposition			
Language Ability: (Specify	, other	than English)											
LANGUAGE	R	EEAD	EAD			WRITE			SPEAK				
Special Skills:													
COMPUTER SOFTWARE	USED	BEGINNER			IN'	TERMEDIATE				ADVA	NCEI)	
WORD													
EXCEL													
ACCESS													
POWERPOINT													
OTHER LIST:					<u> </u>								
Education: Last Elementary NAME OF HIGH SCHOOL				chool Attend ATION	<u>ded:</u>					GRADU	ATE	GED	
NAME & LOCATION OF	ALL	DATES		FULL O	R	NO.	SEI	М.	MA	JORS	TY	PE OF	DATE
COLLEGES & UNIVERSITIES ATTENDED		ATTENDEI FROM - TO					OR QTR.		& MINORS		DEGREE RECEIVE D		OF DEGREE
NAME & LOCATION OF BUSINESS OR TRADE SCHOOLS ATTENDED. (INCLUDE ANY RELATED COURSES OR TRAINING RECEIVED).			DATES ATTENDED FROM - TO		STUDY		RTIFICATE OR LICENSE RECEIVED		OR	DATE RECEIVED			

			ne" is not acceptable in lieu nal sheets in the same format.	
	n you need more space y n you may improve your ch			by giving complete
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FROM: MONTH/YEAR	SITION TO: MONTH/YEAR	JOB TITLE:		SALARY
FROM: MONTH/YEAR	IO: MONTH/YEAK	JOB IIILE:		SALAKI
EMPLOYER NAME		ADDRESS	CITY STA	TE ZIPCODE
DUTIES PERFORMED				
NAME OF SUPERVISOR:		PHONE: ()	NO.	HRS/WK
		, ,	SUPERVISED	
REASON FOR LEAVING				
May we contact this Employ	er? Yes N	lo Notify me first		
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FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE:		SALARY
EMPLOYER NAME		ADDRESS	CITY STA	TE ZIPCODE
DUTIES PERFORMED				
		T		
NAME OF SUPERVISOR:		PHONE: ()	NO.	HRS/WK
REASON FOR LEAVING			SUPERVISED	
May we contact this Employ	er? Yes N	Notify me first		
PREVIOUS POSITION				
FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE:		SALARY
EMPLOYER NAME		ADDRESS	CITY STA	TE ZIPCODE
DUTIES PERFORMED				
NAME OF SUPERVISOR:		PHONE: ()	NO.	HRS/WK
DEACON FOR LEASING			SUPERVISED	
REASON FOR LEAVING				
May we contact this Employ	er? Yes N	lo Notify me first		

List all jobs you have held beginning with your present or most recent job. Include earlier experience, which

Experience:

PREVIOUS POSITION							
FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TI	TLE:			SALARY	
EMPLOYER NAME		ADDRE	RESS CITY STATE ZIPCODE				
DUTIES PERFORMED							
NAME OF SUPERVISOR:		PHON	E: ()	NO.		HRS/WK	
REASON FOR LEAVING				SUPERV	/ISED		
May we contact this Employ	ver? Yes N	No Not	tify me first				
May we contact this Employ	rei: Tes Iv	NO INO	my me mst				
References: Give name a	nd home or business addi	resses of	three persons, not related	d to vou wh	o have	knowledge of your	
character, work experience you in a work situation.							
you iii a work situation.							
NAME:			BUSINESS/OCCUPATI	ON			
ADDRESS:			PHONE: AREA CODE /NUMBER				
ADDRESS.			FHONE. AREA CODE	MUMBER			
NAME:			BUSINESS/OCCUPATI	ON			
ADDRESS:			PHONE: AREA CODE /NUMBER				
NAME:			BUSINESS/OCCUPATI	ON			
ADDRESS:			PHONE: AREA CODE				
ADDRESS:			PHONE: AREA CODE	NUMBER			
The City of Cathedral City r	may contact my former emp	ployers co	ncerning my employment		Yes _	No	
CERTIFICATION OF AP							
I, the undersigned, hereby c belief. I understand that ur							
City or may be grounds for on this application.							
он инэ пррисацон.							
Signature of Applicant:				Date:			

Cathedral City

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EQUAL OPPORTUNITY QUESTIONNAIRE

In order to comply with Federal Equal Employment Opportunity regulations and guidelines, employers must have data available on applicant flow patterns. For this reason, we would appreciate your voluntary cooperation in providing the following information. This information is confidential and will be used for *statistical purposes only*. This information will be detached from your application and will not be used to discriminate against or give preference to any individual in any personnel transaction. This information may be provided to government officials investigating our compliance status.

POSITION APPLI	ED FOR:	DATE:
Check the categori	ies that apply to you:	
Male p	Female p Are you age 40 or over?	
ETHNIC CATEO	GORY (CHECK ONE)	
	American Indian or Alaskan Native All persons having origins in any of the original peoples of North America dentification through tribal affiliation or community recognition.	a who maintain cultural
	Asian and Pacific Islander All people having origins in the original peoples of the Far East, the Phili	ppines, or the Pacific Islands.
	Black Non-Hispanic All persons having origins in any of the black racial groups of Africa.	
A	Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South America egardless of race.	n, or other Spanish culture or origin,
	White Non-Hispanic All persons having origins in any of the peoples of Europe, North Africa	or the Muddle East.
	l or mental impairment that substantially limits one or more life activities, cosmetic disfigurement, or anatomical loss.	es, including a psychological disorder or
Disabled	р	
p Job Hot p Walk-in p Friend o		
p Internet www	- what address:	
p Other		